

# Weed City Fire Department

128 Roseburg Parkway  
Weed, CA 96094  
(530) 938-5030  
(530) 938-5040 Fax



Date: \_\_\_\_\_

## Weed City Fire Department Volunteer Firefighter Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M \_\_\_\_\_

Physical Address: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Cellular Phone: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ M / F DL#: \_\_\_\_\_ SS# (Last 4 Digits): XXX – XX \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

### **Employment:**

Current Employer/Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

Phone # (     ) \_\_\_\_\_ Date Employed From: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Position: \_\_\_\_\_

Please have your Employer read and sign the following statement:

*I will allow the above named applicant to be absent from work in order that he/she may serve his/her community by responding when called to fire/rescue incidents and meetings until dismissed by the Fire Chief or officer of the Department? (List any exceptions on back)*

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please answer the following questions:**

Write a brief description of why you want to work as a Volunteer Firefighter for the city of Weed.  
Include your goals for involvement with this department.

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Are you able to respond to calls during the Day? \_\_\_\_\_ Night? \_\_\_\_\_

[Please circle one Y/N (Yes/No)]

Do you have any physical and mental limitations that would prevent you from performing difficult and complex tasks under stressful circumstances? If yes, please explain: **Y/N**

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Have you ever been convicted of a crime (Felony or Misdemeanor)? If yes please explain on lines below. **Y/N**

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Were you ever discharged or terminated from employment because of misconduct or unsatisfactory service? If yes please explain on lines below. **Y/N**

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Have you ever claimed disability or workmen's compensation for any reason: If yes, please explain: **Y/N**

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Do you have your own vehicle for transportation?

**Y/N**

License plate #: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_

Model: \_\_\_\_\_ Color: \_\_\_\_\_

Name and contact information of auto insurance company: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and contact information for medical insurance company: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Write a brief summary of your education, include highest level completed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you graduate from high school?

**Y/N**

Name, graduation date, and school contact information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any certifications, licenses, or qualifications you possess that pertain to the fire service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History:**

(List up to 4 employers in order of most recent, may include volunteer time)

Employer/Business Name: \_\_\_\_\_

Position: \_\_\_\_\_ Pay/rate: \_\_\_\_\_

Phone # (    ) \_\_\_\_\_ Date Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Job description: \_\_\_\_\_

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Employer/Business Name: \_\_\_\_\_

Phone # (    ) \_\_\_\_\_ Date Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address \_\_\_\_\_

Job description: \_\_\_\_\_

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Employer/Business Name: \_\_\_\_\_

Phone # (    ) \_\_\_\_\_ Date Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address \_\_\_\_\_

Job description: \_\_\_\_\_

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Employer/Business Name: \_\_\_\_\_

Phone # (    ) \_\_\_\_\_ Date Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address \_\_\_\_\_

Job description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please read carefully and sign the following:**

*The information and answers included in this document are true and correct. I understand that omitting or misrepresenting any information required for this application will result in immediate and permanent termination from the hiring process and will be kept on file. I also affirm that the information and answers were solely prepared by the applicant.*

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only:

Executive Committee Interview Date: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_